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THE 1985 NATIONAL EMS DATA SUMMARY

STATE EMERGENCY MEDICAL SERVICES COMMUNICATIONS SYSTEMS AND LEVEL OF PREPAREDNESS FOR DISASTERS

Produced by the National EMS Clearinghouse

1985

STATE EMERGENCY MEDICAL SERVICES COMMUNICATIONS SYSTEMS AND LEVEL OF PREPAREDNESS FOR DISASTERS

This report represents a first effort by the NASEMSD to conduct a nationwide comprehensive survey of emergency medical services in the U.S. The NASEMSD plans to periodically resurvey the states in order to develop updated versions of this report. The reader is urged to notify the Association with recommendations for improving future reports, including obtaining survey information for subject areas not included in this report.

The National EMS Clearinghouse is a service of the National Association of State Emergency Medical Service Directors, managed by The Council of State Governments.

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PREFACE

Emergency Medical Services across the nation have evolved into sophisticated systems with multiple components that work together in order to save human lives. To enhance the effectiveness of the emergency medical services, the National Association of State Emergency Medical Services Directors (NASEMSD) has recognized the need for states to exchange information on successful and best practices in emergency medical services and for states of geographical proximity to assist each other in their efforts to respond quickly and expertly to emergency situations.

To foster communication and information exchange across the nation and ultimately to increase the effectiveness of emergency services, the NASEMSD, with financial support from the National Disaster Medical System, surveyed all state emergency medical services directors concerning emergency medical services programs in their state. The survey covered the following components of EMS:

1) State EMS Office Functioning
2) Transportation
3) Communications
4) EMS and Disaster Preparedness
5) Evaluation/Information Systems
6) Public Information/Education
7) Training
8) Facilities

The survey project was undertaken with the support of Tom Harmelink former Director of Emergency Medical Services, North Carolina and former President of NASEMSD.

The NASEMSD Clearinghouse Committee assumed responsibility for the project. The committee is chaired by Sam Channell, Associate Director, Emergency Medical Services, West Virginia. The survey was written by members of a sub-committee of the NASEMSD Clearinghouse Committee. Members on the sub-committee are: Chair, Drew Dawson, Chief, Emergency Medical Services Bureau, Montana; Barak Wolff, Chief, Emergency Medical Services Bureau, New Mexico; and Dan Manz, Director, Emergency Medical Services, Vermont.

Reports from the survey were compiled and written by Fran Berry, Director, The National EMS Clearinghouse and Ellen Hume, Associate Director, the National EMS Clearinghouse. Typing and data entry assistance were provided by Pat Bancroft and Joy Pettit. We extend appreciation to Ms. Bancroft and Ms. Pettit for their hard work.

The survey compilation resulted in six reports. They are: 1) Administrative Structure, Functions and Budget Sources of State Emergency Medical Services Offices; 2) State Emergency Medical Services Transportation Systems; 3) State Emergency Medical Services Information and Public Education Systems; 5) The Training of State Emergency Medical Service Personnel; and 6) State Emergency Medical Services Facilities and Regulatory Control.

We hope these reports will be a useful resource to those involved in emergency medical services in the states.

Paul Anderson, President
National Association of State
Emergency Medical Services
Directors

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EMS COMMUNICATIONS SYSTEMS AND LEVEL OF PREPAREDNESS FOR DISASTERS

Introduction

The status of a state's EMS communications system is vitally linked to how well prepared the state is to handle disasters. Without adequate communications capabilities there could be no organized, efficient method to deal with disasters or mass casualty incidents (MCI), and dealing with everyday problems could also be poorly handled.

The purpose of this report is to provide information on the current condition of EMS communications systems, including systems still in the planning stages, and related disaster preparedness in the states in order for state officials, and others involved in emergency medical services in the states, to better assess where they are in comparison to other states, what their needs are, and determine where improvement efforts should be focused.

This report is one of a series of six reports compiled and published by the staff of the National Association of State EMS Directors. Other reports are:

(1) Structure, Function, and Budget Sources of State EMS Offices;

(2) EMS Transportation Systems;

(3) EMS Information and Public Education Systems;

(4) EMS Personnel Training, and

(5) EMS Facilities and Regulatory Control.

The reports are available through the NASEMSD at The Council of State Governments, Iron Works Pike, P.O. Box 11910, Lexington, KY 40578.

COMMUNICATIONS

The past decade has seen significant change regarding emergency communication services offered to U.S. citizens. One current trend is to provide citizens with access to a 911 number through which to contact police, fire, and ambulance departments. A few states, Connecticut, Illinois, Maryland, Minnesota and Oregon have legislation mandating statewide access to the 911 number (see Table I).

Most states provide residents in particular geographic areas, usually urban areas, with the 911 number or with a single 7-digit number to call to report an emergency or issue an ambulance call. Residents in other, usually rural, areas have access to numerous 7-digit numbers for making emergency calls.

For the most efficient communications systems nationwide, state officials and EMS office directors want state EMS units to utilize UHF radio frequencies as their vehicular and departmental communications medium. however, as Table I indicates, EMS units in the United States are a long way from this goal. At this time, only the District of Columbia uses UHF frequencies with biomedical telemetry as their sole means of radio communication. Connecticut and Hawaii use UHF without biomedical telemetry as their means of communcation. Other states use a combination of UHF frequencies and VHF frequencies. Several states, Alabama, Alaska, Georgia, Illinois, Indiana, Iowa, Maine, Michigan, Nebraska, New Jersey, Pennsylvania, South Carolina, Tennessee, Texas, and West Virginia utilize radio/telephone interconnected systems as a part of their communication systems.

TABLE 1

EMERGENCY MEDICAL SERVICES COMMUNICATIONS SYSTEMS

STATE	Statewide Plan avail. for EMS ....Comm. Sys. Devel..... Avail.	Required by	EMS Comm. Sys. owned and operated by state	Legis. Mandating 911	% of Pop. with access to EMS services by: 911	telephone	other	% of EMS units that use .....these frequencies daily..... VHF	UHF w/o biomedical telemetry	UHF with biomedical telemetry	Radio/ telephone intercon. System
Alabama	Yes	NR	No	No	80%	10%	10%[1]	100%	0%	0%	85%
Alaska	Yes	NR	Yes	No	85%	10%	5%[2]	90%	5%	0%	5%
Arizona											
Arkansas	Yes	S-R	No	No	2%	---	98%[3]	100%	0%	0%	0%
California											
Colorado	Yes	NR	No	No	80%	5%	15%[2]	30%	70%	0%	0%
Connecticut	Yes	NR	Yes	Yes	58%	42%	0	5%	15%	80%	0%
Delaware	Yes	S-R	Yes	No	100%	0%	0	0%	100%	5%	0%
Florida	Yes	S-R	No	No	67.5	---	---	---	---	---	---
Georgia	Yes	S-R	No	No	20%	70%	10%[2]	100%	40%	20%	20%
Hawaii	Yes	NR	Yes	No	90%	10%	0%	0%	100%	0%	0%
Idaho	Yes	NR	Yes	No	50%	45%	5%[2]	100%	0%	2%	0%
Illinois	Yes	S-R	Yes	Yes	50%	20%	30%[2]	100%	10%	25%	100%
Indiana	Yes	S-R	No	No	47%	31%	22%[2]	100%	0%	15%	1%
Iowa	Yes	NR	No	No	24%	100%	1%[2]	85%	---	8%	5%
Kansas	Yes	S-R	Yes	No	60%	39%	1%[2]	---	---	---	---
Kentucky											
Louisiana											
Maine	Yes	NR	No	No	10%	5%	85%[2]	100%	---	10%	1%
Maryland	Yes	S-R	Yes	Yes	80%	20%	0	---	---	---	---
Massachusetts	Yes	S-R	Yes	No	38%	62%	0	65%	10%	25%	0%
Michigan	Yes	S-R	No	No	30%	0%	70%[2]	50%	30%	10%	10%
Minnesota	Yes	NR	No	Yes	80%	20%	0	---	---	---	---

Explanation of Symbols:
S =Statute
R =Regulation
--- =Information not provided
NR =Not Required

STATE	Statewide Plan avail. for EMS ....Comm. Sys. Devel..... Avail.	Required by	EMS Comm. Sys. owned and operated by state	Legis. Mandating 911	% of Pop. w/ access to ..EMS srvc. by:... 911 telephone	other		% of EMS units that use .....these frequencies daily..... VHF	UHF w/o biomedical telemetry	UHF with biomedical telemetry	Radio/ telephone intercon. System
Mississippi	Yes	NR	No	No	---	---	---	85%	0%	15%	0%
Missouri	Yes	NR	No	No	75%	10%	15%[2]	50%	10%	40%	0%
Montana	No	NR	No	No	---	---	---	99%	1%	0%	0%
Nebraska	Yes	NR	No	No	65%	0%	35%	100%	2%	1%	3%
Nevada	Yes	NR	Yes	No	40%	50%	10%[2]	100%	80%	20%	0%
New Hampshire	Yes	S-R	No	No	21%	0%	79%[2]	95%	5%	0%	0%
New Jersey	Yes	NR	Yes	No	25%	100%	0%	80%	0%	2%	18%
New Mexico	Yes	S-R	Yes	No	60%	20%	20%[2]	80%	90%	10%	0
New York											
North Carolina	Yes	NR	No	No	27%	34%	39%[2]	98%	6%	5%	0%
North Dakota	Yes	NR	Yes	No	32%	68%	100%[4]	100%	0%	0%	0%
Ohio	Yes	S-R	No	No	10%	---	---	---	---	---	---
Oklahoma											
Oregon	Yes	NR	No	Yes	---	---	---	---	---	---	---
Pennsylvania	Yes	NR	No	No	60%	20%	20%[2]	40%	20%	20%	20%
Rhode Island											
South Carolina	Yes	S-R	No	No	5%	30%	65%[5].	100%	.5%	3%	4%
South Dakota											
Tennessee	Yes	S-R	Yes	No	40%	50%	0%	90%	1%	1%	8%
Texas	No	NR	No	No	10%	87%	3%[2]	80%	40%	40%	5%
Utah	Yes	NR	Yes	No	59%	26%	15%[2]	100%	0%	0%	0%
Vermont	Yes	NR	No	No	7%	92%	1%[6]	100%	0%	2%	0%
Virginia	Yes	NR	No	No	76%	19%	5%[2]	50%	20%	30%	0%
Washington	Yes	NR	No	No	48%	20%	32%[2]	45%	55%	0%	0%

Explanation of Symbols:
S =Statute
R =Regulation
--- =Information not provided
NR =Not Required

STATE	Statewide Plan avail. for EMS ....Comm. Avail.	Sys. Devel..... Required by	EMS Comm. Sys. owned and operated by state	Legis. Mandating 911	% of Pop. w/ access to ..EMS srvc. by:... 911	tele-phone	other	% of EMS units that use .....these frequencies daily..... VHF	UHF w/o biomedical telemetry	UHF with biomedical telemetry	Radio/ telephone intercon. System
West Virginia	Yes	S-R	Yes	No	10%	30%	50%[2]	60%	20%	10%	10%
Wisconsin	Yes	NR	Yes	No	30%	70%	0%	80%	10%	10%	0%
Wyoming	Yes	NR	Yes	No	99%	0%	0%	100%	0%	0%	0%
American Samoa											
D.C.	---	---	Yes	Yes	100%	0%	0%	0%	0%	100%	0%
Guam											
Puerto Rico											
Virgin Islands	Yes	NR	Yes	No	0%	0%	100%[7]	100%	0%	0%	0%

Explanation of Symbols:
S =Statute
R =Regulation
--- =Information not provided
UN =Information is not known by individual completing the survey
NR =Not Required

Footnotes:

[1]Pseudo number
[2]Multiple Telephone Numbers
[3]49% of population have access to multiple telephone numbers. Another 49% use "enterprise"
[4]Statewide emergency assistant number
[5]Multiple telephone numbers or call referral
[6]800 Toll-free telephone number
[7]A 922 number rings the nearest ambulance and district hospital

Statewide Communication Plan

The large majority of states have a statewide plan for the development of emergency medical services communications systems. Some states require such a system through statute or regulation. However, in most states, a statewide plan is available but is not required by legislation (see Table I).

Statewide Communication System

Many states (i.e., 25) have moved beyond the planning stage in their communications system and now have a statewide system available and working. As Table II indicates, the initial cost to set up the system comes predominantly from state and federal funds. In four states, Idaho, Massachusetts, New Mexico and Tennessee, private foundations help fund the initial cost; and in Nevada the entire initial expense came from private foundation donations.

The annual operating cost for communications systems ranges between $15,000 in Utah to a high of $900,000 in Massachusetts. Funds for daily operating costs of the systems come from a variety of sources. The majority of states report that the state government provides funds for daily operating costs. Other sources are the local government, EMS providers, the state police and highway patrol, and hospitals.

A few states (10) report that there is a central control point for their communications system. Other states have multiple control points. Quite a number of different organizations are responsible for operating EMS communications systems across the states, including the EMS central and regional offices, the health department, private foundations, and the local fire department (see Table II).

A number of services are provided by the EMS communications systems, including public access for emergency medical assistance, dispatch of manpower and vehicles, disaster coordination and others, as detailed in Table II.

TABLE II

STATEWIDE EMS COMMUNICATIONS SYSTEMS

STATE	SYSTEM AVAILABLE	INITIAL EXPENSE FUNDED BY	ANNUAL OPERATING COST	OPERATING COST FUNDED BY	CENTRAL CONTROL POINT	RESPONSIBLE FOR OPERATING THE SYSTEM	SERVICES PROVIDED BY SYSTEM
Alabama	Yes	FF/SF/LF	Unknown	ST/LG/EP/O[4]	--	O[4]	E
Alaska	Yes	FF/SF	Unknown	ST/LG/EP	No	TO	B/C/D/E
Arizona							
Arkansas	Yes	FF	$60-80,000	ST/LG	Yes	O[1]/O[2]	A/B/C/D/E/F/O[3]
California	No	n/a	n/a	n/a	n/a	O[4]	C/D
Colorado	No	n/a	n/a	n/a	n/a	n/a	n/a
Connecticut	Yes	FF/SF/LF	--	ST/LG	Yes	EO	D
Delaware	Yes	FF	Unknown	LG (county)	--	Each county gov't.	A/B/C/D
Florida	No	n/a	n/a	n/a	n/a	n/a	n/a
Georgia	No	n/a	n/a	n/a	n/a	n/a	n/a
Hawaii	Yes	FF	$280,927	ST	No	EO	B/D/E
Idaho	Yes	FF/SF/PF	$250,000	ST	Yes	EO	A/B/C/D/E/F
Illinois	Yes	FF/SF	--	EP	No	Local providers	A/B/C/D/E/F
Indiana	No	n/a	n/a	n/a	n/a	n/a	n/a
Iowa	No	n/a	n/a	n/a	n/a	n/a	n/a

EXPLANATION OF SYMBOLS:

A = Public access for emergency medical assistance
B = Dispatch of manpower and vehicles
C = Coordination among local dispatch centers
D = Disaster coordination
E = Medical control communications
F = Administrative communications for EMS
O = Other (see footnotes)

-- = Information not provided
* = Not operable

FF - Federal funds
SF - State funds
LF = Local funds
PF = Private foundation
ST = State
LG = Local governments
EP = EMS providers
EO = State EMS office
TO = State telecommunications office
PO = State police/highway patrol

STATE	SYSTEM AVAILABLE	INITIAL EXPENSE FUNDED BY	ANNUAL OPERATING COST	OPERATING COST FUNDED BY	CENTRAL CONTROL POINT	RESPONSIBLE FOR OPERATING THE SYSTEM	SERVICES PROVIDED BY SYSTEM
Kansas	Yes	SF	$47,000	ST	No	O[5]	A/C/E
Kentucky	Yes	FF/SF	--	EP	No	EP	A/B/E
Louisiana	No	n/a	n/a	n/a	n/a	n/a	n/a
Maine	Yes	FF/LF	Unknown	EP/regions	No	--	E
Maryland	Yes	FF	--	ST	Yes	EO	E/O[6]
Massachusetts	Yes	FF/LF/PF	$900,000	ST/LG/EP/hospitals	No	O[7]	D/E/F/O[8]
Michigan	No	n/a	n/a	n/a	n/a	n/a	n/a
Minnesota	No	n/a	n/a	n/a	n/a	n/a	n/a
Mississippi	No	n/a	n/a	n/a	n/a	n/a	n/a
Missouri	No	n/a	n/a	n/a	n/a	n/a	n/a
Montana	No	n/a	n/a	n/a	n/a	n/a	n/a
Nebraska	No	n/a	n/a	n/a	n/a	n/a	n/a
Nevada	Yes	PF	$69,000	ST/EP	No	TO	D/E
New Hampshire	No	n/a	n/a	n/a	n/a	n/a	n/a
New Jersey	Yes	FF/SF/LF	Unknown	LG/EP	No	O[9]	D/E/F
New Mexico	Yes	FF/PF	$225,000	ST	Yes	TO	C/D/O[10]
New York	Yes	FF	--	LG	No	O[11]	B/C/D/E/F
N. Carolina	No	n/a	n/a	n/a	n/a	n/a	n/a
North Dakota	Yes	SF	--	ST	Yes	TO	A/B/C/D
Ohio	No	n/a	n/a	n/a	n/a	n/a	n/a

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STATE	SYSTEM AVAILABLE	INITIAL EXPENSE FUNDED BY	ANNUAL OPERATING COST	OPERATING COST FUNDED BY	CENTRAL CONTROL POINT	RESPONSIBLE FOR OPERATING THE SYSTEM	SERVICES PROVIDED BY SYSTEM
Oklahoma	No	n/a	n/a	n/a	n/a	n/a	n/a
Oregon	No	n/a	n/a	n/a	n/a	n/a	n/a
Pennsylvania	No	n/a	n/a	n/a	n/a	n/a	n/a
Rhode Island	Yes	FF	$30,000	ST/LG	Yes	Fire departments	B/C/D/E
S. Carolina	No	n/a	n/a	n/a	n/a	n/a	n/a
South Dakota							
Tennessee	Yes	FF/LF/PF	Unknown	LG/EP	Yes	Local services	A/B/C/D/E/F
Texas	No[16]	FF/Local match	--	LG/EP	No	Local providers	--
Utah	Yes	FF	$15,000	ST	Yes	--	A/D/E/F
Vermont	No	n/a	n/a	n/a	n/a	n/a	n/a
Virginia	No	n/a	n/a	n/a	n/a	n/a	n/a
Washington	No	n/a	n/a	n/a	n/a	n/a	n/a
West Virginia	Yes	FF/SF	Unknown	ST/LG/EP	Yes	O[12]	A/B/C/D/E/F
Wisconsin	Yes	FF/SF	Unknown	LG/PO/hospitals	No	PO/O[13]	C/D/F
Wyoming	Yes	FF	100,000	LG	No	O[13]	B/E
D.C.	Yes	FF		ST	Yes	D.C. fire dept.	A/B/D/E/F
Amer. Samoa							
Guam	Yes*	FF	n/a	ST	No	O[14]	A/B/C/D/E/F
Puerto Rico							
Virgin Is.	Yes	FF	$25,000	ST	No	EO	A/B/C/D/E/F/O[15]

EXPLANATION OF SYMBOLS:

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EO = State EMS office
TO = State telecommunications office
PO = State police/highway patrol

Footnotes:

1. Health department
2. Private provider
3. NAWAS, nuclear site control, radiation health
4. County/regional EMS agencies
5. EMS regions/hospital/law enforcement
6. Helicopter coordination
7. Regional C-MED centers
8. Inter C-MED coordination
9. Dispatch centers and resource hospitals
10. Local system back-up
11. Local communications control systems
12. Regional command centers
13. Hospitals and ambulance services
14. Fire, ambulance and hospital EMS personnel
15. Administrative communications for the department of health
16. Varies from EMS region to EMS region

Radio Communications

Thirty-one states coordinate their EMS radio communications systems with adjacent states. In 44 states, ambulances from adjacent states can communicate with hospitals in the state to which they are transporting patients; and, again in 44 states, ambulances from the home state can communicate with hospitals in adjacent states. A large majority of states (i.e., 40) have radio interference problems within the state, and 34 states have radio communication problems with adjacent states (see Table III).

As Table IV indicates, the large majority of states require radio communication with a physician for advanced life support services. However, only nine states have the same requirement for basic life support services. Half the states require a training program for dispatchers and telecommunicators, but only six require actual certification of these communications dispatchers. It is a requirement in 32 states that the EMS offices employ an individual who is responsible for statewide EMS communications, and in another seven states there is an individual from an agency, other than the EMS office, responsible for performing this service. Only ten states report that there is no state requirement to have an individual responsible for EMS communications.

TABLE III

COORDINATION OF EMS RADIO SYSTEMS WITH ADJACENT STATES

	YES	NO	NO RESPONSE
Coordinate EMS radio systems with adjacent states	31	19	0
Ambulances from adjacent states can communicate with hospitals in the state to which they are transporting patients	44	4	2
Ambulances from home state can communicate with hospitals in adjacent states to which they are transporting patients	44	3	3
States have EMS radio communication interference problems in the state	40	8	2
Radio communication from other states interfere with EMS radio communication in your state	34	12	4

TABLE IV

EMS RADIO COMMUNICATIONS

	STATES THAT REQUIRE	STATES THAT DO NOT REQUIRE	NO RESPONSE
Radio Communication with a Physician:			
- For Basic Life Support (BLS)	9	38	3
- For Advanced Life Support (ALS)	43	6	7
Standardized Training Program for EMS Dispatchers/Telecommunicators	25	25	-
State Certification of EMS Dispatchers/Telecommunicators	6	44	-
EMS Office has an Individual Responsible for Statewide EMS Communications	32	17*	1
* If no, is this function provided by another state agency?	7	10	n/a

DISASTER PREPAREDNESS

Assessment of the Current Status of EMS Communications Capabilities

As was mentioned in the Introduction, the communications systems and the level of disaster preparedness in a state are vitally linked. Table V contains the assessment by state EMS directors of their state's communications system's capabilities for dealing with emergencies. Slightly more than half the states report that they believe their system needs some improvement for dealing with daily emergencies, mass casualty incidents (MCI), and disasters. No states responded that serious improvements were necessary for dealing with everyday problems, but seven responded that serious improvements were indicated for MCI, and 13 responded the same for disasters. Only six states report that their communications systems are adequate for dealing with disasters. From this, indications are that the states need to focus on upgrading their communications systems in order to better deal with emergency situations. The directors believe there is a trend toward improving communications capabilities as the responses in Table V-B clearly show a positive outlook in this direction.

Communication Networks Between State EMS Offices and Other Related Agencies

Scanning Table VI reveals that there is a moderate amount of routine communications between state EMS offices and other related federal, national and state agencies. Of course, virtually all states reported that there is frequent contact with the regional and local offices, and most offices maintain frequent contact with the state disaster services office.

EMS directors were asked to report on their familiarity with other related agencies in the federal and state governments. A large majority of directors responded that they are familiar with the U.S. Department of Transportation, the U.S. Department of Health and Human Services, the

Federal Emergency Medical Association, and the State Office of Emergency Services. There is an apparent lack of familiarity between EMS offices and the state National Guard, and between EMS offices and the Department of Defense. Approximately half of the respondents reported that they would like to learn more about the Department of Health and Human Services, the Department of Defense, and the Federal Emergency Medical Association. Some respondents also expressed an interest in learning about the U.S. Department of Transportation, the state National Guard, and the state Office of Emergency Services.

Disaster Related Activities of the State EMS Office

State EMS offices have varying responsibilities and roles in preparing, planning, and responding to large scale state disasters. Table VII provides information on the various responsibilities of EMS office personnel regarding planning, participating in, directing and/or evaluating disaster-related activities in conjunction with other related agencies.

The table reveals that EMS offices in Iowa, Maryland, Michigan, New hampshire, North Carolina, Tennessee, Texas, West Virginia, and the Virgin Islands have wide-scale responsibilities in all phases of disaster activities and for most types of disasters. Other states have varying degrees of responsibilities ranging from very few in Florida, Kansas, Colorado, Mississippi, Missouri, Montana, Nebraska, New Jersey, Pennsylvania, Wisconsin and Wyoming to a moderate number of responsibilities in Arkansas, Idaho, Virginia and others.

EMS offices serve in various capacities as far as being prepared for and dealing with disaster and emergency situations. A little more than half of the offices (out of a total of 48) are satisfied with their level of activity in each capacity listed in Table VIII. However, 20 states

responded that the office should be more deeply involved in statewide MCI and disaster planning, 17 and 16 states responded that they should be more active in statewide MCI and disaster operations and hospital/MCI disaster planning, respectively. Virtually no states felt their level of involvement should be less for any listed activity. Approximately 15% of the states responded that they should have greater involvement in all listed activities; and, Table IX describes what conditions must be met before the involvement could be greater. Many states responded that funding and personnel would have to be increased and interagency coordination would need to be improved. Only one respondent felt that the federal laws would have to be changed before increased involvement was possible, and this in only two activity areas. Other areas with significant positive response are that guidance or training be made available and a change in state or local laws would be necessary.

NDMS

The National Disaster Medical System (NDMS) was created to deal with medical care needs in disasters of great magnitude and is a cooperative effort by the Department of Health and Human Services, the Department of Defense, the Federal Emergency Medical Association, state and local governments, and the private sector.[1] Surprisingly, 14 states responded that they know nothing about the NDMS. The probable reason for this could be that the NDMS is relatively new and is still working to involve more areas of the country, as not all states are full participants at this time. Thirty-nine states reported that they would like to learn more about the NDMS. Apparently, more routine communications between the NDMS office and the EMS office would be beneficial (see Table X).

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1. From Facts on NDMS. Produced by the U.S. Public Health Service.

TABLE V

EMS COMMUNICATIONS CAPABILITIES

A. AGGREGATE ASSESSMENT OF CURRENT STATE EMS COMMUNICATIONS CAPABILITIES FOR DEALING WITH EMERGENCIES:

	Quite Adequate	Needs Some Improvement	Needs Serious Improvement	No Response
Everyday Problems	22	26	—	2
Mass Casualty Incidents	12	29	7	2
Disasters	6	30	13	1

TABLE V-B

B. AGGREGATE ASSESSMENT OF EMS COMMUNICATIONS CAPABILITIES FOR DEALING WITH EMERGENCIES FIVE YEARS FROM NOW:

	Quite Adequate	Needs Some Improvement	Needs Serious Improvement	No Response
Everyday Problems	24	17	6	3
Mass Casualty Incidents	18	18	12	2
Disasters	9	21	18	2

TABLE VI

FREQUENCY OF COMMUNICATION

ORGANIZATION	AT LEAST ONCE A WEEK	ABOUT ONCE A MONTH	3-4 TIMES A YEAR	ABOUT ONCE A YEAR	LESS THAN ONCE A YEAR
U.S. Department of Transportation	6	14	15	7	8
U.S. Department of Health & Human Services	1	3	16	11	17
Federal Emergency Management Agency	1	2	19	10	18
Department of Defense	2	5	4	6	30
American Red Cross	1	12	24	7	4
State Disaster Services Office	15	16	15	2	2
State National Guard	3	4	15	9	19
Regional EMS	33	8	0	0	2
Local EMS	39	7	2	1	0

TABLE VII

ROLE OF EMS OFFICE IN DISASTER RELATED ACTIVITIES

STATE	Hospital MCI* or Disas. Planning	Hospital MCI/ Disas. Drills	Hospital Evacuations	State/MCI Disas. Planning	State/MCI Disas. Operations	Regional MCI/Disas. Planning	Regional MCI/Disas. Operations	Local MCI/Disas. Planning	Local MCI/Dis. Opera.
Alabama	E	E/PI	---------	E/PI	PI	------	-----	-----	-----
Alaska	P/PI	P/PI	PI	P/PI	P/PI	P/PI	P	P/PI	-----
Arizona									
Arkansas	E	E	E	E/P/PI	E/P/PI	E	E	E	E
California	E/P/PI	-----	-----	D/E/P/PI	D/E/P/PI	E/P/PI	E/PI	E/PI	E/PI
Colorado	PI	-----	-----	PI	-----	-----	E	-----	E
Connecticut	E/P/PI	E/P/PI	D/P	D/E/P/PI	D/E/P/PI	E/P/PI	P/PI	-----	-----
Delaware	P	PI	-----	P	D/E/P/PI	P/PI	PI	E/P/PI	P/PI
Florida	-----	-----	-----	-----	PI	-----	-----	-----	-----
Georgia	-----	E/P/PI	-----	PI	PI	PI	PI	E	PI
Hawaii	-----	-----	-----	PI	PI	PI	PI	PI	PI
Idaho	E/P/PI	E/P/PI	-----	E/P/PI	E/P/PI	E/P/PI	E/P/PI	E/P/PI	E/P/PI
Illinois	P/PI	E/P/PI	-----	-----	PI	-----	-----	P/PI	E/P/PI
Indiana	-----	-----	-----	E/P/PI	E/P/PI	E/P	E/P	D/E/P	E/P
Iowa	E/P/PI	D/E/P/PI	E/P	E/P/PI	E/P/PI	D/E/P/PI	D/E/P/PI	D/E/P/PI	D/E/P/PI
Kansas	-----	-----	-----	P	PI	-----	-----	-----	-----
Kentucky									
Louisiana									
Maine	D/E/P/PI	E/PI	D	-----	-----	PI	PI	PI	P
Maryland	PI	PI	PI	D/E/P/PI	D/E/P/PI	E/P/PI	E/P/PI	E/P/PI	E/P/PI
Massachusetts	E/P/PI	P	-----	D/E/P/PI	E/P/PI	E/PI	E	E	E
Michigan	E/P/PI	E/P/PI	E/P/PI	E/P/PI	E/P/PI	E/P/PI	E/P/PI	E/PI	E/PI
Minnesota	PI	PI	P	P	PI	PI	PI	E/PI	-----
Mississippi	-----	-----	-----	-----	-----	-----	-----	-----	-----
Missouri	-----	-----	-----	PI	PI	PI	PI	E/PI	E/PI

Explanation of Symbols: P = Plan or assist in planning the activity.
PI= Participate in the activity
D = Direct the activity
E = Perform an evaluation of the activity
----- = Not involved in the activity

STATE	Hospital MCI* or Disas. Planning	Hospital MCI/ Disas. Drills	Hospital Evacuations	State/MCI Disas. Planning	State/MCI Disas. Operations	Regional MCI/Disas. Planning	Regional MCI/Disas. Operations	Local MCI/Disas. Planning	Local MCI/Dis. Opera.
Montana	-----	-----	-----	P/PI	PI	-----	-----	PI	-----
Nebraska	E/PI	-----	-----	PI	PI	-----	-----	-----	-----
Nevada	E/P	E/P/PI	E/P/PI	E/P	E/P	E/P	E/P	E/P/PI	E/P
New Hampshire	E/P/PI	E/P/PI	P	D/E/P/PI	E/P/PI	D/E/P/PI	E/P/PI	E/P	E/P
New Jersey	PI	E	E	PI	PI	-----	-----	-----	P
New Mexico	P	P	-----	P/PI	D/E/P/PI	-----	-----	E	-----
New York									
North Carolina	E/P/PI	E/P	D/E/P/PI	E/P/PI	E/P/PI	E/P/PI	E/P/PI	E/P/PI	E/P/PI
North Dakota	-----	-----	-----	P	P	-----	-----	-----	-----
Ohio	-----	-----	-----	P	-----	-----	-----	-----	-----
Oklahoma									
Oregon	PI	-----	-----	PI	PI	-----	-----	-----	-----
Pennsylvania	E	E	-----	PI	-----	-----	-----	-----	E
Rhode Island									
South Carolina	-----	-----	-----	P/PI	P/PI	P/PI	-----	P	E
South Dakota									
Tennessee	E/P/PI	E/P/PI	E/P/PI	D/P/PI	D/P/PI	D/E/P/PI	D/E/P/PI	D/E/P/PI	D/E/P/PI
Texas	E/P/PI	D/E/P/PI	P	D/E/P/PI	D/E/P/PI	D/E/P/PI	D/E/P/PI	D/E/P/PI	-----
Utah	E/PI	PI	-----	E/PI	E/PI	-----	-----	E/PI	E/PI
Vermont	E/PI	E/PI	-----	P/PI	P/PI	E/PI	E/PI	E/PI	E/PI
Virginia	-----	-----	-----	D/E/P/PI	D/E/P/PI	E/PI	E/PI	-----	-----
Washington	E/PI	PI	E	PI	-----	PI	E	PI	E
West Virginia	D/E/P/PI	E/PI	E/PI	D/E/P/PI	D/E/P/PI	E/PI	E/PI	E/PI	E/PI
Wisconsin	PI	PI	-----	PI	PI	-----	-----	-----	-----
Wyoming	E	E	-----	PI	-----	-----	-----	PI	-----

Explanation of Symbols:
P = Plan or assist in planning the activity.
PI= Participate in the activity
D = Direct the activity
E = Perform an evaluation of the activity
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STATE	Hospital MCI* or Disas. Planning	Hospital MCI/ Disas. Drills	Hospital Evacuations	State/MCI Disas. Planning	State/MCI Disas. Operations	Regional MCI/Disas. Planning	Regional MCI/Disas. Operations	Local MCI/Disas. Planning	Local MCI/Dis. Opera.
American Samoa									
D.C.	P	E/P/PI	-----	P	P	P	-----	P	P
Guam									
Puerto Rico									
Virgin Islands	P/PI	P/PI	PI	D/E/P/PI	D/E/P/PI	D/E/P/PI	D/E/P/PI	-----	-----

Explanation of Symbols: P = Plan or assist in planning the activity.
PI= Participate In the activity
D = Direct the activity
E = Perform an evaluation of the activity
----- = Not involved in the activity

Footnote:

*Mass Casualty Incident

TABLE VIII

EMS AND DISASTER PREPAREDNESS - LEVELS OF ACTIVITY OF THE EMS OFFICE

	ABOUT RIGHT	SHOULD BE GREATER	SHOULD PROBABLY BE LESS	NOT A FUNCTION OF EMS OFFICE	NO RESPONSE
Hospital/MCI Disaster Planning	25	16	0	3	5
Hospital/MCI Disaster Drills	27	13	0	3	5
Hospital Evacuations	25	11	0	3	5
State-Level MCI/Disaster Planning	22	20	0	3	5
State-Level MCI/Disaster Operations	25	17	0	3	5
Regional MCI/Disaster Planning	25	13	1	3	5
Regional MCI/Disaster Operations	27	11	1	3	5
Local MCI/Disaster Planning	24	15	0	3	5
Local MCI/Disaster Operations	26	12	0	3	5
Other Related Activities	8	1	0	3	5

TABLE IX

EMS AND DISASTER PREPAREDNESS

CONDITIONS NECESSARY TO ALLOW AN INCREASE IN LEVEL OF INVOLVEMENT IN EMS ACTIVITIES

	FUNDING BE MADE AVAILABLE	PERSONNEL BE MADE AVAILABLE	GUIDANCE OR TRAINING BE MADE AVAILABLE	CHANGE STATE OR LOCAL LEGISLATION	CHANGE FEDERAL LEGISLATION	IMPROVE INTERAGENCY COORDINATION
Hospital/MCI Disaster Planning	10	14	7	3	1	12
Hospital/MCI Disaster Drills	7	10	4	0	0	11
Hospital Evacuations	6	7	6	1	0	7
State Level MCI/Disaster Planning	10	15	8	4	0	12
State-Level MCI/Disaster Operations	9	14	6	4	0	9
Regional MCI/Disaster Planning	7	11	7	4	0	9
Regional MCI/Disaster Operations	6	8	4	2	0	6
Local MCI/Disaster Planning	7	8	9	2	0	7
Local MCI/Disaster Operations	7	7	6	2	0	6
Other Related Activities	2	2	1	1	1	2

TABLE X

NATIONAL DISASTER MEDICAL SYSTEM (NDMS)

EMS staff familiarity with the NDMS

Familiar:	34
Know nothing about it:	14
No response:	2

State participates in NDMS

Yes:	22
No:	9
Not sure:	16
No response:	3

Interested in learning more about NDMS

Yes:	39
No:	7
No response:	4